Contract No.: _____
Grant Year: _____
Project Name: _____

EXHIBIT 9-E

Allowable Soft Costs
8% - NC/TBRA/ACQ
10% - HB Assistance
12% - Rehab

HOME PROGRAM INCOME
QUARTERLY REPORTING FORM

__ 1st Quarter __ 2nd Quarter __ 3rd Quarter __ 4th Quarter 20__ (Year)

Transaction Date	*Set-up Report*		*Activity Receiving Income*	*FINAL (F) OR PARTIAL (P)*	*Program Income Received*	*Program Income Disbursed*	
	Grantee Number	*IDIS Number* *(Office use only)*				*Soft Costs*	*Project Costs*
TOTALS:					**$0**	**$0**	**$0**
THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements):							**$0**
PREVIOUS QUARTER'S PROGRAM INCOME BALANCE:							
CUMULATIVE PROGRAM INCOME BALANCE:							**$0**

**** Grantees must attach Project Set-up/Completion Reports for all Program Income disbursed.**

Grantee Fiscal Officer: _____ Date: _____

HOME Program Staff: _____ Date: _____